

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	EM/DET		04/08/01
O.I.P.E. CLASSIFIER			5/2/01
FORMALITY REVIEW	T.A.	50844	08/07/01
RESPONSE FORMALITY REVIEW	MA	832	11-28-01
		830	03-26-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet here

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285  
 11/28